

This nice gentleman's care

A patient's dialogue with his medical record

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Competing interests: None declared

West J Med 2001;175:355-356

I was in my cardiologist's office the other night for a support group meeting. On my way to the bathroom, I walked down a hallway crowded with boxes of file folders. The one on the top had "deceased" scrawled across it. It was sobering.

Your patients' illnesses are chronicled on the pages you stuff into these thick manila folders. But these files hold more than just complaints and symptoms and treatment regimens. More is ciphered in our blood's chemistry than reveals itself at first glance. *Lives* are on these pages: our own and those whom we have loved.

PATIENT: Collins, Sean

SOB: —
Hypertension: +
Dyslipidemia: +, with low HDL
MI: + 1998
Smoker: + 1/3 pk qd
FH of CAD: + Father—died heart attack @ 65 yrs (1980)

I am 40 years old. I had an angioplasty and a stent placement procedure after a "silent" heart attack 3 years ago. I had a second angioplasty in July of this year and another stent was placed. I'm a journalist. I'm overweight. But I'm not an 'SOB'—the record says so. It fails to mention that I have a sparkling personality, although once it does admit to my being "a very pleasant gentleman." The rest of the time, I'm simply a "nice gentleman," and everyone seems thrilled to be taking part in my care.

I have—as you would say—"modifiable" risk factors. After the first incident, I have continued to smoke sporadically, but I did begin to exercise and I changed my diet drastically. My lipid profile is pretty decent now,

except for a low high-density lipoprotein (HDL) level. I am a man in love with his β -blockers, especially when I'm on deadline. I continue to feel the adrenaline rush of broadcast journalism, but without the sweaty palms and pounding heart. I walk "briskly" about 4 miles each day, 2 of them on a treadmill, 2 of them on the streets of Washington—another kind of treadmill.

PATIENT: Collins, Sean

- 1 Cigarettes: 20-pack year history of cigarette smoking, which he continues
- 2 Hypertension: recently detected
- 3 Family history of coronary artery disease: father had an MI and brother has an arrhythmia
- 4 Sedentary

At one point while discussing my risk factors, my cardiologist encouraged me to make "lifestyle changes." Another way of putting that would have been: "In the wake of your heart attack, please turn your life upside down and do away with all the bad habits you had that were sources of comfort. And good luck!" This talk concluded with my doctor telling me, "Some people just have bad genes." This caught me off guard. You see, I could stop thinking about Ben & Jerry's ice cream as coming in single-serving containers. I could begin to exercise regularly and could embrace a Mediterranean diet. Olive oil would be my friend, but how am I supposed to think about genetic predisposition?

He says "genes" and thinks "risk factor." I hear "genes" and think about my father and his father and grandfather—all dead after heart attacks. Our "family history" is a story of men and women with aspirations, hopes, frailties, and moments of heroic strength. All

are *people* to us—not probabilities and laboratory values. We ate dinner with them, argued with them, and laughed with them. We learned to manage stress at their knee. We are willing to re-learn some of what we learned from them, but don't forget what a real family history sounds like.

The man I am named after, Seán McDonough, was a cowboy with a brogue who drove longhorn cattle from Texas to the Northern Tier when the Dakotas were a territory and my family lived in homes built of sod. His grandson, my father, was the first in the family to go to college. One day, he took the train east, crossing the Cascades and the trout streams of his boyhood in western Montana and the moonscape farther on. He traveled down the long prairie to the shores of Lake Michigan and the medical school at Northwestern University. He did his residency in St Louis, Missouri. World War II intervened to make him a great surgeon, first in Manila, then with the Fifth Army in North Africa, and finally at the Excelsior Hotel in Rome. He returned to start a practice and a family, living the life of an obstetrician riding the crest of the baby boom. His sleep was interrupted. Our meals were punctuated with talk of episiotomies and soapsuds enemas, and the room would shake when he laughed.

PATIENT: Collins, Sean

Left coronary artery: The left main appeared to be mildly diseased at its origin. The left anterior descending artery appeared to be diffusely but mildly diseased proximally, with tapering of the luminal diameter of the vessel just proximal to the takeoff of the second diagonal branch. A large first diagonal appeared to be narrowed at its origin and proximally by 50% to



70%, with several sequential areas of 50% to 75% narrowing. The small to moderately large second diagonal appeared to be mildly diseased. The origin of the circumflex artery appeared normal. The large first obtuse marginal demonstrated a 1.0-cm long, proximal 80% stenosis, with diffuse mild disease throughout the remainder of the vessel.

I had my first heart attack at age 37. My father had his first while in his 50s. I feel a certain inexorable inevitability when I think

about my heart disease. In the back of my head is the thought: "No matter what changes I make in my life, this disease is still going to kill me when I'm young." And you can guess what happens when that thought runs its course: "... so, why bother with the changes?"

Smoking cessation has been the most difficult change for me. I have quit for several weeks—sometimes several months. And then something happens: a mood comes over me like a fog. I feel despair, self-loathing, and disappointment. I smoke because I'm worthless, and I'm worthless because I smoke. This seems certain, and when you're

dealing with a disease process with as much uncertainty as this one, anything certain seems comforting.

I was educated by Benedictine monks. In the midst of an adolescent crisis, I went to a brother for advice and was given a bit of wisdom that has stayed with me: "Few things in life matter; most things don't matter at all." Chronic illness reinforces this worldview. Small things take their rightful place in the back seat of your life. What energy you have, you use to focus on the important things. The management of your illness becomes one of those important things. Living with the losses of opportunity, of the hope for a long life, of *possibility*—all have become part of the fabric of who I am. Coping with those losses is what my illness means to me. And nowhere will you find this mentioned in my medical record.

My father never quit smoking. He walked the dog a lot at night, and he would return smelling of smoke. Either he knew my mother would nag him, or he was ashamed for not having quit when everyone knew he should. It never occurred to me at the time that he might have had his own demons that made smoking cessation difficult. My "bad genes" are a complex challenge. The bottom line question is, "Am I going to manage this disease better than my father did?"

Almost a year after my father's death, his clothes still hung in my parents' closet. I asked my mom if she wanted help getting rid of some of that stuff. She was angry with me for asking. "I'm not throwing them away!" she insisted. I pursued the idea, and it was then that she told me her reason. She would go to his closet sometimes, because his suits *smelled like him*, and that was a comfort to her. In fact, the suits smelled like old wool, and cologne, and cigarettes—olfactory ghosts, sense memories of a man and his life. Cigarettes were part of his living, and his dying, and his memory. Must they be for his son as well?

capsule

Magnets benefit depression

A review in the *Journal of Psychiatric Research* (2001;35:193-215) suggests that repetitive transcranial magnetic stimulation benefits numerous psychiatric disorders, including depression and mania. A strong magnetic field is used to induce electric currents that modulate the neuronal circuits; these changes resemble those produced by antidepressant drugs.